14. _____ Other Yes ☐ No ☐

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

IN THE MATTER OF:	)	**BEFORE THE TENNESSEE BOARD OF NURSING**
CHRISTINA K. COLLINS	)	
RESPONDENT	)	**DOCKET NO.: 17.19-138846A**
KNOXVILLE, TENNESSEE	)	
TENNESSEE RN LICENSE NO. 132524	)	
TENNESSEE APN CERTIFICATE NO. 12828	)	

FINAL ORDER

This matter came to be heard before the Tennessee Board of Nursing (hereinafter the "Board") beginning on August 23, 2017, pursuant to a Second Amended Notice of Charges and Memorandum for Assessment of Civil Penalties issued against the Respondent, Christina K. Collins. Presiding at the hearing was the Honorable Rob Wilson, Administrative Judge, assigned by the Secretary of State. The Division of Health Related Boards of the Tennessee Department of Health was represented by Mary Katherine Bratton, Chief Deputy General Counsel. The Respondent, Christina K. Collins, (hereinafter "Respondent"), was present and represented by counsel, Eric Vinsant, Esq. After consideration of the Notice of Charges, the evidence presented by both parties, arguments of counsel, and the record as a whole, the Board finds as follows:

I. FINDINGS OF FACT

1. Respondent has at all times pertinent hereto licensed by the Board as a Registered Nurse in the State of Tennessee, R.N. license number 132524 on June 18, 2001 with a current expiration date of January 31, 2019. At all pertinent times, Respondent has also been licensed as an Advance Practice Nurse by the State of Tennessee, having been granted

Tennessee license number 12828 by the Board on July 13, 2007 with a current expiration date of January 31, 2019.

2. From 2011 to 2012, Respondent provided treatment to a number of patients. The Department of Health (hereinafter "the Department") conducted an investigation, wherein the Department's expert believed, after examination of the patient charts, that records prepared and kept by Respondent of her treatment of eleven (11) patients showed Respondent acted below the standard of care in her treatment of these patients. The patients at issue are patients: M.A., J.W., D.L., E.R., T.C., S.B., J.F., M.B., P.C., T.D., and B.B. (collectively, the "Patients")

3. The parties stipulated that the medical records for each of the Patients', *supra*, contained a documented medical history, a physical examination, and an initial discussion of the risks and benefits of the use of controlled substances.

4. At the hearing on this matter, the Department presented evidence through its expert, Ms. Alison Anderson, and the Respondent presented evidence through its expert witness, Dr. Christopher Vinsant, regarding the issues contained in these Findings of Fact.

5. Based on the testimony of Dr. Christopher Vinsant, as well as Ms. Alison Anderson, who both testified that the medical records contained diagnostic and laboratory testing sufficient to show that each of the patients listed in paragraph 2 above were suffering from painful conditions, the Board finds that Ms. Collins was treating each of the patients for a legitimate medical purpose.

6. Based on the testimony and evidence presented in this matter, the Board cannot find by a preponderance of the evidence that Ms. Collins prescribing to the Patients fell below the standard of care of an ordinary and prudent Advanced Practice Registered Nurse

practicing in the area of pain management in 2011 and 2012, however, the Board does find that Ms. Collins documentation fell below what this Board believes is called for by the Rules of the Board of Nursing, particularly in light of the complexity of the treatments provided to the Patients.

7. Respondent prescribed monthly prescriptions to individual patients exceeding a daily dosage of one thousand (1000) morphine milligram equivalents, which included multiple short acting opioids often combined with benzodiazepines. In at least one case, Respondent prescribed more than three thousand (3000) morphine milligram equivalents to an established patient of the practice, whom she had never seen.

8. Respondent prescribed patient M.A. MS Contin 200 mg #90, MS Contin 100mg #90, Roxicodone 30 mg #420, Soma 350mg #120, baclofen 20 mg #90, Adderall 20 mg #60, and Xanax 1 mg #30 at a single visit. The Board expects that an Advanced Practice Registered Nurse prescribing complex regimens of medications such as this to maintain detailed records of patient care and medical decision-making. It is the Board's position that the information Respondent entered into M.A.'s medical record lacked the level of detail necessitated by the complex regimen prescribed.

9. Likewise, Respondent saw patient T.C. writing him prescriptions for Soma 350 mg #120, OxyContin 80mg #270, OxyContin 20 mg #60, Roxicodone 30 mg #270, and Valium 10 mg #30 in a single month. Respondent's documentation lacked the level of detail required by this complex polypharmacy approach to pain management.

10. Respondent prescribed to patient S.B. in a manner in which she was instructed to wear three (3) separate fentanyl patches at the same time in addition to being prescribed Opana 30 mg #90, Roxicodone 30mg #180, Roxicodone 15 mg #180, Soma 350 mg #120,

Xanax 1 mg #150, Restoril 30 mg #45, Gralise 300 mg #90, and Mobic 15 mg #30 per month. Various problems were documented in the patient's record with the patient's urine drug testing results and pill counts conducted during the course of S.B.'s care. The patient had a negative urine drug test for her prescribed Restoril, and was placed on probation by the practice. The patient had a positive urine drug screen for an unregulated drug K2 (Spice), and was counseled to refrain from using K2 (Spice), and was retested a couple months later to ensure the patient was no longer using the drug. The patient also arrived at the pre-announced pill count related to her probation for the negative Restoril urine drug screen, with an un-identified white pill with markings of an "M" on one side and a logo on the similar to the markings on a Mobic tablet, and at the pill count, the patient had more of some of their medication and less of other medications than expected. Given the complexity of the medications, the patient was being prescribed, Respondent should have documented in further detail the steps taken to monitor the patient to ensure that the medications could be prescribed in a safe and effective manner.

11. Respondent continued prescribing patient D.L Opana ER 40mg #180, Opana IR 10mg #90, and Soma 350mg #60 the first time she ever saw patient D.L. In issuing these prescriptions she notes that the L-spine shows spondylosis based on a 2/3/2011 MRI. At a later visit, Respondent prescribes double the dose of Klonopin, a controlled substance benzodiazepine, which had previously been prescribed to patient D.L. for PTSD. Respondent adjusted the patient's dose of Klonopin without documenting the medical rationale for her change.

12. The documentation entered in the medical record by Respondent was insufficient to support her continued treatment of patient J.W. with more than 1,100 morphine equivalents in combination with Ambien and 8mg of Xanax per day.

13. Respondent added a benzodiazepine prescription for Xanax to patient J.F.'s regimen which already included a morphine milligram daily equivalent of 480. Respondent prescribed methadone, a drug that is known to cause QTc prolongation in some patients, to patient J.F. who was also being prescribed Phentermine by a weight loss clinic. Respondent continued to prescribe to patient J.F. increasing doses eventually prescribing patient J.F. Roxicodone 30mg #270, methadone 10mg #300, Soma 350mg #120, Xanax 0.5mg #120, and Neurontin 300mg #90, without documentation of adequate monitoring for potential side effects and interactions of potentially dangerous drug combinations

14. Respondent's prescribing of controlled substances was not limited to opioids. For instance, Respondent prescribed 90 mg per day of Adderall to patient T.D. who was also receiving another stimulant, Provigil, from another medical practice without documentation of consulting with the other prescribing provider. In addition patient T.D. was also prescribed a regimen of MS Contin 200mg #180, MS Contin 100mg #90, Roxicodone 30mg #240, methadone 10mg #120, and Xanax 1mg #120. This is a morphine equivalent daily dose of 2,020 milligrams in combination with 4 milligrams of the Xanax.

15. During the time period at issue, Respondent regularly failed to properly chart facts, diagnoses, medical decision making, and other necessary information in order to document her care and processes. As set forth in detail above, these failures went so far as to show different injuries or areas of complaint for patients without any additional

information regarding how these injuries or areas of complaint arose or how they were to be treated. Much of the Respondents charting seems to be more about clinic logistics more than how the patient is doing.

16. Respondent prescribed controlled substances to patient D.L. without addressing red flags from patient D.L.'s intake forms such as his admissions to feeling tension or awareness when it is time to take his medications, taking larger amounts than prescribed, wanting to continue medication even at the risk of liver and financial injury, and his relatives being concerned about his medication use.

17. From 2011 to 2012, Respondent prescribed narcotics and/or other controlled substances when the quantity, duration, and method increased the likelihood that the patient would become physically dependent or addicted to the controlled substances, and failed to consistently monitor or seek out and respond to signs of abuse.

18. Respondent's documentation was insufficient to express her medical decision making for increasing patient P.C.'s MSIR 30 mg from #240 to #300 per month. Further, Respondent prescribed Actiq Lozenges (transmucosal fentanyl) to patient P.C. to assist with breakthrough surgical pain on a temporary basis, in addition to P.C.'s regular regimen which included Valium, Xanax, and Soma. Respondent's documentation was insufficient to document her medical rationale for prescribing Actiq Lozenges at a higher dose than recommended by the Transmucosal Immediate Release Fentanyl Risk Evaluation and Mitigation Strategy program which provides, "I understand that if I change my patient to a different TIRF medicine, the initial dose of that TIRF medicine for all patients is the lowest dose, unless individual product labels provide product-specific conversion recommendations."

19. The Board finds that Respondent's documentation of her treatment of patients referenced in paragraphs 1 through 18, *supra,* was below the standard of care. We find the testimony provided by Alison Anderson, APRN, the expert presented by the Department, to be credible and consistent. The Board finds that the standard of care in terms of the treatment of chronic pain, anxiety and depression is contained in our rules at 1000-04-.08(4)(c) and 1000-04-.09(1), such that the medical record must demonstrate a documented medical history and appropriate physical examination, including an assessment for the potential for substance abuse, diagnostic and laboratory tests consistent with good care, a written treatment plan tailored to the individual patient, documented discussion of the risks and benefits of the treatment options and periodic review of the treatment plan.

II. CONCLUSIONS OF LAW

The facts as found in Section I of this Order are sufficient to establish violations by Respondent of the following statutes or rules which are part of the provisions of the Tennessee Nursing Practice Act, (TENN. CODE ANN. § 63-7-101, *et seq.*) and the Rules and Regulations promulgated by the Board of Nursing (TENN. COMP. R. & REGS. 1000-01, *et seq.*) for which disciplinary action before and by the Board of Nursing is authorized:

20. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. CODE ANN. § 63-7-101:

> Unprofessional, dishonorable or unethical conduct.

21. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. CODE ANN.§ 63-7-115(a)(1)(C):

Is unfit or incompetent by reason of negligence, habits or other cause;

22. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. CODE ANN. § 63-7-115(a)(1)(F):

Is guilty of unprofessional conduct.

23. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. COMP. R. & REGS. 1000-01-.13(1)(t):

Over-prescribing, or prescribing in a manner inconsistent with Rules 1000-04-.08 and 1000-04-.09.

24. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. COMP. R. & REGS. 1000-04-.08, which lays out guidelines for the treatment of pain.

25. The facts found in paragraphs 1 through 18, *supra*, constitute a violation of TENN. COMP. R. & REGS. 1000-04-.09, which lays out the prerequisites for Advanced Practice Nurses who prescribe medication, including the taking of an appropriate history and physical examination, a diagnosis based on examinations and diagnostic tests, and a therapeutic plan discussing the risks and benefits of various treatment options.

III. REASONS FOR DECISION

The Tennessee Board of Nursing has a duty to protect the health, safety, and welfare of the citizens of Tennessee. In supporting Tennessee Department of Health's ongoing battle against prescription drug abuse and overprescribing, the Board believes this action is necessary due to Respondent's haphazard and unprofessional prescribing practices. Respondent's actions constitute a serious danger to the public's health, safety and welfare.

IV. ORDER

THEREFORE, in consideration of the above Findings of Fact and Conclusions of Law, it is **ORDERED, ADJUDGED, and DECREED** as follows:

26. Respondent's Tennessee advanced practice registered nurse certificate number 12828 is hereby placed on **PROBATION** for a period of two (2) years from the date of this Order.

27. Respondent will be prohibited from practicing in a licensed pain management clinic, as an APRN in Tennessee.

28. Respondent will enroll in and successfully complete within one (1) year after entry of this Order the following intensive courses offered at Case Western Reserve University Continuing Medical Education Program, or another program approved by the Board: (1) Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers and (2) Intensive Course in Controlled Substance Prescribing. Upon completion, the Respondent shall mail or deliver proof of compliance of this course requirement to: Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243. Any continuing medical education course hours earned from attendance and completion of the courses required by this paragraph shall be in addition to the hours required to maintain licensure.

29. Respondent agrees to appear and speak on four (4) occasions to either students or graduates of Advanced Practice Registered Nursing programs regarding the topics of proper documentation and the prescribing of controlled substances. This shall be completed prior to Respondent's probationary status being lifted from her license.

30. Respondent will pay eleven (11) type B civil penalties of five hundred dollars ($500.00) each, one for each patient referenced in the Second Amended Notice of Charges, for a total penalty of five thousand five hundred ($5,500.00). These penalties shall be paid by submitting a certified check, cashier's check or money order payable to the State of Tennessee, which shall be mailed or delivered to Office of Investigations; Attn: Disciplinary Coordinator; Tennessee Department of Health; 665 Mainstream Drive; Nashville, Tennessee 37243. These civil penalties are due within twenty four (24) months of the entry of this Order.

31. Respondent must pay, pursuant to TENN. CODE ANN. § 63-1-144, the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed against the Board by the Division's Bureau of Investigations in connection with the prosecution of this matter. These costs will be established by an Assessment of Costs prepared and filed by counsel for the Department. Said costs shall not exceed one hundred thousand dollars ($100,000.00).

32. Any and all costs shall be paid in full within forty eight (48) months of the issuance of the Assessment of Costs in this matter. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee**, Department of Health. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of Christina K. Collins, Docket No. 17.138846.

Respectfully submitted:

Mary Katherine Bratton, B.P.R. No. 030083
Chief Deputy General Counsel
Andrew Coffman, B.P.R. No. 027160
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
Plaza I, Suite 210
665 Mainstream Drive
Nashville, Tennessee 37243
(615) 741-1611

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon Respondent through her attorney, Eric Vinsant, Esq.; Vinsant Law; PO Box 30875; Knoxville, TN 30875 by delivering the same in the United States First Class Mail, with sufficient postage thereon to reach its destination on this 6th day of ~~February~~ March, 2018.

Andrew W. Coffman
Tennessee Department of Health

SO ORDERED this 1st day of March, 2018, by the Tennessee Board of Nursing.

Chairperson/Acting Chairperson
Tennessee Board of Nursing

RECONSIDERATION, ADMINISTRATIVE RELIEF AND JUDICIAL REVIEW

Within fifteen (15) days after the entry of an initial or final order, a party may file a petition to the Board for reconsideration of the Final Order. If no action is taken within twenty (20) days of filing of the petition with the Board, it is deemed denied. TENN. CODE ANN. §4-5-317.

In addition, a party may petition the Board for a stay of the Final Order within seven (7) days after the effective date of the Final Order. TENN. CODE ANN. §4-5-316.

Finally, a party may seek judicial review by filing a petition for review in the Chancery Court of Davidson County within sixty (60) days after the effective date of the Final Order. A petition for reconsideration does not act to extend the sixty (60) day period; however, if the petition is granted, then the sixty (60) day period is tolled and a new sixty (60) day period

commences from the effective date of the Final Order disposing of the petition. TENN. CODE ANN. § 4-5-322.

Respectfully submitted:

Mary Katherine Bratton, B.P.R. No. 030083
Chief Deputy General Counsel
Andrew Coffman, B.P.R. No. 027160
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
Plaza I, Suite 210
665 Mainstream Drive
Nashville, Tennessee 37243
(615) 741-1611

CERTIFICATE OF FILING

This Order was received for filing in the Office of the Secretary of State, Administrative Procedures Division, and became **effective** on the 5th day of March, 2018.

J. Richard Collier

Richard Collier, Director
Administrative Procedures Division